

## ANNEX 2

### SOCIAL ASSESSMENT FRAMEWORK

#### PNG IMPACT HEALTH PROJECT

## ACRONYMS

DLIs	Disbursement Linked Indicators
DFAT	Department for Foreign Affairs and Trade
DNPM	Department of National Planning and Monitoring
DPs	Development Partners
ESMF	Environmental and Social Management Framework
ESSP	Environment and Social Safeguard Policies
GoPNG	Government of PNG
GRM	Grievance Redress Mechanism
HWMP	Health-Care Waste Management Plan
KRA	Key Result Area
NCD	Non-communicable Disease
NDoH	National Department of Health
NGO	Non-governmental Organization
NHP	National Health Plan
NHPCS	National Health Policy and Corporate Services
PCU	Project Coordination Unit
PFM	Public Financial Management
PHA	Provincial Health Authority
PHC	Primary Health Care
PNG	Papua New Guinea
POM	Project Operational Manual
RMNCH-N	Reproductive, Maternal, Neonatal and Child Health and Nutrition
TA	Technical Assistance
TB	Tuberculosis
WMS	Waste Management System
WB	World Bank

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## ● INTRODUCTION

This Social Assessment Framework (SAF) as part of an overall Environment and Social Management Framework prepared by the National Department of Health (NDoH) of Papua New Guinea (PNG) to ensure that the IMPACT Health Project is consistent with the World Bank's (WB) Environmental and Social Safeguards Policies (ESSP) across all of the IMPACT Health sub-projects. The Bank requires that all Bank funded projects consider the potential environmental and social opportunities that a project may generate and ensure that adverse environmental and risks and impacts are avoided, minimized, managed and mitigated.

This project will be financed by the World Bank through an IDA Credit and will be implemented by the NDoH through a Project Coordination Unit (PCU) over six years from 2020 to 2026. The project will be implemented in accordance with World Bank environment and social performance standards and PNG Law. The project is unlikely to cause any significant adverse environmental or social impacts and is therefore rated as a Category B. Performance Standards OP 4.01 Environmental Assessment and OP 4.10 Indigenous People have been triggered to form part of the SEF. This SEF therefore is part of the IMPACT Healths overall ESMF.

### **Rationale for the Social Assessment**

The Project has triggered OP4.10 Indigenous People (IP). This Social Assessment (SA) will therefore ensure indigenous people in communities including the vulnerable and marginalised groups of people at the receiving end of the program are involved to determine project design and implementation outcomes in their specific sites particularly under Component 1. That any specific recommendations they put forward are considered in project design and implementation. A wide range of IPs will be consulted including women, people living with disability, the elderly, people with low literacy, low economic empowerment and marginalised groups of people. Representation for the SA will be based on geographical location and access to health facility, culture and livelihood.

### **Objectives of the Social Assessment**

The objective of the SA is to develop an understanding of the socio-economic and cultural characteristics of IPs in target provinces and project specific locations to inform the design of IMPACT Health Project so as to make it responsive to their social development needs. The SA shall inform the process of incorporating the principles of the World Bank's OP4.10 into the different IMPACT Health project components. It also involves evaluating the legal and institutional framework applicable to IPs; baseline information on socio-economic, cultural, political; and identifying IMPACT Health activities and their negative and positive impacts and how to manage them in a manner that is culturally appropriate.

Apart from deepening the understanding of key social issues and evaluating mitigation measures, the assessment will also unveil appropriate ways to reach these groups of IPs so as to ensure that the project objectives are acceptable to them. To ensure that IPs are included in project consultations in ways that are culturally appropriate, gender and age inclusive, the assessment will also promote inclusion and local ownership while reducing any mitigation for negative social impacts.

## ● PROJECT DESCRIPTION

The Government of Papua New Guinea (GoPNG) through the National Department of Health (NDoH) in partnership with the World Bank is developing a project developed the Improving Access to and Value from the Health Services in Papua New Guinea (PNG): Financing the Frontiers or IMPACT Health PNG, a Project that aims to improve access to and value from Health Services in PNG.

IMPACT Health consists of four (4) components and four (4) sub components under component 1. The NDoH is the Implementing Agency (IA) responsible for implementing the Project at the National Level. At the Sub National Level, Provincial Health Authorities (PHA) through a Memorandum of Agreement (MOU) with the NDoH in implementing Component 2 while at the community level under component 1 where various NGOs and infrastructure contractors will be engaged to deliver subprojects under the mentioned components. The description of the IMPACT Health Project will be updated as needed prior to the completion of Appraisal.

The project anticipates achieving specific results that are in line with the National Health Plan (NHP) and includes eight (8) Key Result Areas (KRI) to monitor progress towards the project goal; these are: (i) improving service delivery; (ii) strengthening partnerships and coordination with stakeholders; (iii) strengthening health systems; (iv) improving child survival; (v) improving maternal health; (vi) reducing the burden of communicable diseases; (vii) promoting health lifestyles; and (viii) improving PNG’s preparedness for diseases outbreaks and emergency population health issues.

**The Project Development Objective** or PDO is contribute to increasing the utilization of quality essential health services in project supported in Papua New Guinea. In order to strengthen frontline service delivery and deliver better value-for-money from Government and development partner spending on health, IMPACT Health will focus on strengthening health systems through a three-fold strategy: (a) Improving readiness to deliver health services at the frontlines, which will necessarily include support to build the capacity of Provincial Health Authorities (PHAs); (b) Incentivizing the achievement of health systems strengthening results by linking IMPACT Health financing to a set of national and Province-level results that measure improved health systems functioning, including service delivery results; and (c) Leveraging investments made by GoPNG and development partners to deliver better value-for-money.

The project has four (4) components and four (4) sub components under component 1. These project components and sub components and associated estimate costs therefore are;

Component No.	Description	Value USD\$
Component 1:	Increase service delivery readiness and community-based service delivery	12.4 million
Sub Component 1.1	Strengthening readiness to deliver services at the frontline facilities and through outreach	5 million
Sub Component 1.2	Innovations in community-based service delivery	2 million
Sub Component 1.3	Provincial Health Authority strengthening	3.25 million
Sub Component 1.4	National oversight	2.15million
Component 2:	Improve frontline services delivery performance	14.6 million
Component 3:	Program Management	3 million
Component 4:	Contingency Response Emergency	Zero dollar allocation

A more complete description of the project components and sub components are contained in the ESMF<sup>1</sup>

<sup>1</sup> Environmental and Social Management Framework (ESMF): *Papua New Guinea IMPACT Health (P167184)*

Project Location

Figure 1 Map of Papua New Guinea and Adopter provinces



Figure : Map of Papua New Guinea

[source: [https://www.cia.gov/library/publications/the-world-factbook/geos/print\\_pp.html](https://www.cia.gov/library/publications/the-world-factbook/geos/print_pp.html)]

- **LEGAL AND INSTITUTIONAL FRAMEWORK (APPLICABLE TO INDIGENOUS PEOPLE)**

### **3.1 Legal Framework**

The Constitution of the Independent State of Papua New Guinea 1975 The Constitution has four relevant goals for the IPs in the IMPACT Health Project:

Goal 1 Integral Human Development	The first goal is for every person to be dynamically involved in the process of freeing himself or herself from every form of domination or oppression so that each man or woman will have the opportunity to develop as a whole person in relationship with others.
Goal 2 Equality and Participation	The second goal is a declaration for all citizens to have an equal opportunity to participate in, and benefit from, the development of our country
Goal 4 Natural Resources and the Environment	This goal is a declaration to ensure natural resources and the environment be conserved and used for the collective benefit of us all, and be replenished for the benefit of future generations...
Goal 5 Papua New Guinean Ways'	To achieve development primarily through the use of Papua New Guinean forms of social, political and economic organization'.

### **3.2 Relevant Policy Framework for IPs**

#### **National Policy for Gender Equality and Women's Empowerment 2011-2015**

This policy focuses on the 3 main components; Women Equality and Representation; Women Economic Empowerment; and Gender Based Violence and Vulnerability implemented through the Office for the Development of Women (ODW), Department for Community Development Gender Unit, and National Council of Women (NCW).

#### **National Public Service Gender Equity & Social Inclusion (GESI) Policy**

This policy provides guidelines for officers and staff within Departments, Provincial Administrations and Agencies to mainstream gender equity and social inclusion into their internal business process and service delivery.

#### **National Youth Policy 2007-2017**

This policy identifies nine key policy areas, including: Improving the quality of young peoples' lives, ccessing integrated education, nurturing sustainable livelihoods, promoting healthy lifestyles, building stronger communities initiatives including youth-led enterprises, and counselling through youth friendly service centres.

#### **National Policy on Disability 2015 – 2025**

This policy is focussed on promoting responsible and coordinated action to remove barriers that hinder Persons With Disabilities from enjoying the same rights as all others. The rights and needs of Persons With Disabilities are two fundamental aspects of social equity. This Policy acknowledges the diverse and complex nature of social equity issues which relate to the rights and needs of Persons With Disabilities. The main issues being and among other are equal access to health and information.

## Institutional Framework applicable to IPs and Project Context

The PNG National Health Plan 2011-2020 envisages a hierarchical structure for health services across the nation commencing with Village Aid Posts / Community Health Posts providing health promotion, health improvement, health protection, primary health and maternity care at the local rural / remote community level and thence through a referral arrangement which progresses to Health Centres, District Hospitals, Provincial Public Hospitals, Regional Referral Hospitals and ultimately to National Referral Hospitals offering complex tertiary level clinical services.

**The National Health Service Standards 2011-2020** integrates the existing standards - 'Minimum Standards for District Health Services' and 'Policies, Priorities & Standards for Curative Health Services'. The standards provide direction and guidance for safe quality health care and health facility design as well as informing clients, communities and stakeholders of the health services which they can expect to be available at each of the various levels of service delivery to allow for localized planning including workforce, financial and infrastructure planning.

### 3.3 World Bank Safeguard Policies relevant for protection of Indigenous People

Safeguard Policy	Description
Performance Standard 4.10 Indigenous People	<p>OP4.10 identifies Indigenous People to be social groups with identities that are distinct from mainstream groups in national society and are often most marginalised and vulnerable segments of population. People whose economic, social and legal status limits their capacity to defend their rights to and interest in land, natural and cultural resources and may restrict their ability to participate in and benefit from development. Their language, culture, religious, spiritual beliefs and institutions are also threatened. It further identified them to be vulnerable to adverse impacts associated with development projects including loss of identify culture and livelihood based on natural resources, exposure to impoverishment and diseases.</p> <p>Specific to IMPACT Health, this policy has been triggered. In Papua New Guinea, the people are largely considered indigenous. Since the vast majority of potentially affected population is indigenous, no separate instrument will be required, but relevant elements of the policy are integrated into Project design, including the facilitation of community engagement, ongoing community consultation and awareness program.</p>

### 3.4 GAP Analysis

In Papua New Guinea, the people are largely considered indigenous. Since the vast majority of potentially affected population is indigenous, no separate instrument will be required, but relevant elements of the policy are integrated into Project design, including the facilitation of community engagement, ongoing community consultation and awareness program.

A social assessment and free, prior and informed consultation process (including broad community support) will be undertaken during Project preparation to inform Project design and the ESMF.

A stakeholder engagement framework is prepared and is included into the ESMF to identify key stakeholders, and describe mechanisms for consultation and disclosure of safeguard policies.



## • STAKEHOLDER IDENTIFICATION – IPs

A Stakeholder Engagement Framework (SEF) has been prepared as part of the overall ESMF for the IMPACT Health Project.

The first step in the stakeholder engagement process for the IMPACT Health is to identify IPs and the key stakeholders who might be affected or interest in the project and need to be consulted and involved. IPs can be characterized as social groups who are often marginalized and are vulnerable segments of population. Most tribal groups in Papua New Guinea fit into OP4.10 definition of IPs. Other stakeholders are institutions, groups of people or individuals who maybe affected or likely to be affected by the project and who may have an interest in the project. These stakeholders could be directly or indirectly affected and have potential to influence the projects implementation in a positive or negative way and might therefore need to express their concerns through various stakeholder forums.

The initial list of IP stakeholders for the IMPACT Health sub projects will be developed based on their social and cultural groups and other distinctive charateristics such as their geographical locations and natural habitat, customary, economic, social and political institutions and language and dialect.

## • SOCIO-ECONOMIC PROFILE - IPs

This baseline will present an overview of the current socio-economic conditions in the study area prior to development of the Project. It describes the Project affected people and their existing socio-economic and cultural context.

The aim of the social baseline is to provide: a) an understanding of interrelating socio-economic factors and issues that are likely to interact with the Project; and b) define which receptors may be sensitive to changes, either negative or positive, brought about by the Project. The key socio-economic factors include Interrelating socio-economic factors include governance and admistrative structires of government inclusive of;

- Social service provision
- Education services
- Local economy and jobs
- Demographics
- Health
- Infrastructure provision

The baseline will be structured into three sections including:

- Project Affected People : This section describes who may be affected by the Project. It provides an overview of affected neighbourhoods, the local population, education attainment, community health and vulnerability.
- Study Area Economy and Livelihoods: this section describes the livelihoods and economic activity of Project Affected People and associated vulnerabilities.
- Study Area Governance and Infrastructure : this section describes how people are organised in the Project area, local infrastructure and service provision. It also describes vulnerabilities associated with governance and service provision.

## • CULTURALLY APPROPRIATE FREE ,PRIOR INFORMED CONSENTCONSULTATIONS – IPs

The principles for Free , Prior , Informed Concent (FPIC) will be applied for all consultations with IPs for all subprojects under Component 1. Self expression and self determination are basic human rights. For IPs, this right is enshrined in the United Nations Declaration on the rights of IPs (UNDRIP) and also in the PNG National Constitution. IMPACT

Health recognises this basic right of IPs and will ensure all consultations with IPs apply the FPIC principles in the context that the stakeholder consultation is considered key to the preparation of this SA and forms the basis for the determination of key issues for consideration in project design and implementation strategies.

A GRM is also part of the ESMF and SEF and provides a process for addressing any environmental or social impact of concern as a result of project preparation and implementation any specific project sites. All Stakeholder Consultations with IPs will follow the FPIC Principles and will be conducted on a timely basis with the aim to;

- Determine the nature of the local power structure and document the procedures for the entry and access into the Community
- Identify in a participatory process for identifying potential impacts and benefits of the project;
- Fully inform the communities about the proposed IMPACT Health project;
- Accord the vulnerable and marginalised groups of people a fair and culturally appropriate way and create a safe space for them be engaged to collectively define how they wish to be involved in all stages of the project cycle;
- Solicit the support of the for the vulnerable and marginalised groups of people for the proposed project;
- Obtain accurate and detailed data on local livelihoods, customs and historical traditions for information to be shared with IMPACT Health PCU and partner agencies and potential subproject contractors.

The FPIC principles being;

- Free** refers to a process that is self-directed by the community or group from whom consent is being sought, unencumbered by coercion, expectations or timelines that are externally imposed;
- Prior** refers to a period of time in advance of an activity or process when consent should be sought. It also refers to the period in-between when consent is sought and when consent is given or withheld;
- Informed** refers to the type of information that should be provided prior to seeking consent and during the process. Such information should be accessible, clear, consistent, accurate, and transparent; be delivered in suitable language and format; be objective, complete and delivered in a manner that strengthens and does not erode indigenous or local cultures; and should reach the most remote, rural communities, women and the marginalised;
- Consent** refers to the decision made through customary decision-making process. Consent must be sought and granted or withheld according to the unique formal or informal political-administrative dynamic of each community or group. Consent is a freely given decision, including the option to reconsider if the proposed activities change or if new information emerges. It may be given or withheld in phases, over specific periods of time for distinct stages or phases of IMPACT Health.

## • POTENTIAL ENVIRONMENT AND SOCIAL IMPACTS ON IPs

This section provides a brief summary of risks and potential impacts on Indigenous people that could occur during or as a result of the IMPACT Health. The SA will focus more on communication and consultation on determination of risks and which will include participation of all groups.

## 7.1 Potential Impacts per Project Component

Component 1: Increase service delivery readiness and community-based service delivery	
Sub Component 1: 1 Strengthening readiness to deliver services at frontline facilities and through outreach	
Project Type	Potential Risk/Impact
<ul style="list-style-type: none"> <li>Purchase of equipment and supplies.</li> </ul>	Positive impact on improvement to use of improved technology thus will have indirect benefits for the IPs
<ul style="list-style-type: none"> <li>Delivery of training</li> </ul>	Positive impact on skills enhancement for health workers that would indirectly benefit IPs
<ul style="list-style-type: none"> <li>Limited infrastructure upgrades (refurbishment of existing health facilities with reliable electricity, water, sanitation and communication facilities)</li> </ul>	The positive impacts are that design of works include reliance of buildings will benefit adaptation to climate change
	Infrastructure upgrade disturbance such as noise, dust, community health and safety risks, health worker safety, child labor, community will be manage through a site specific ESMP and Safeguards Training for project subcontractors
	Risk of GBV and STI and HIV on local population by external workers. Cultural awareness and OHS training will be provided for workers
	Potential for contamination of water streams during infrastructure upgrade. This impact will be managed through SEF and through a site specific ESMP
	Air Quality Impact and Generation of Construction Waste including potential asbestos containing material posing risk to worker and community health. This will be managed through SEF and a site specific ESMP
	Quality of Infrastructure Upgrade. This will be managed by ensuring an Engineer checks infrastructure upgrade plans
	Exclusion of Key Stakeholders in project meetings. This will be managed through the SEF
	Ongoing Maintenance Costs will be the responsibility of the PHA
Communication Campaigns on Climate Change	Positive impact on workers who will gain improved skills in climate change communication which will enable them to contribute to building up resilience of communities to climate change
Gender Program (Closing Endowment in women’s endowment to health) <ul style="list-style-type: none"> <li>Frontline facilities infrastructure and amenities</li> <li>Basic equipment</li> <li>RMNCH-N Skills and service delivery</li> <li>Community Outreach aimed at reducing cultural and gender barriers and generate</li> </ul>	Positive impact on RMNCH-N, counseling and routine reporting data and gender aggregated data monitoring skills enhancement of workers, improved infrastructure and amenities for women and improvement in reducing cultural barriers and improvement in access to health service by women.

<p>demand for health services</p> <ul style="list-style-type: none"> <li>Capacity enhancement in routine reporting data e-NHIS-2 and gender disaggregated monitoring of indicators</li> <li>Capacity enhancement in counseling and other support services for gender based violence</li> </ul>	
<b><u>Sub-component 1.2: Innovations in community-based service delivery</u></b>	
<b>Subproject Type</b>	<b>Potential Risk/Impact</b>
<ul style="list-style-type: none"> <li>Innovations to supervise and support community health workers and volunteers in remote rural communities, including applications of technology</li> </ul>	There will be positive impact with use of digital technology in supervision of health workers. Exclusion of Stakeholders in Meetings/Consultations might result in Grievances. This will be managed through the SEF and with application of the FPIC principles of engagement.
<ul style="list-style-type: none"> <li>Project evaluation for proof-of-concept after 3 years to inform scale up decision in 1 district per province</li> </ul>	NGO workers working in rural communities might pose risks to upholding cultural norms and practices as well as risks of GVB and spread of STI and HIV. This will be managed through the SEF and site ESMPs.
<b>Sub-component 1.3: Strengthening readiness at Provincial Health Authorities (PHAs)</b>	
<b>Subproject Type</b>	<b>Potential Risk/Impact Mitigation or Management Tool</b>
<ul style="list-style-type: none"> <li>Capacity Building Training for PHAs on PFM and service planning, supportive supervision and performance management</li> </ul>	Positive Impact on Capacity Enhancement of PHA with long term indirect benefits for the IPs
<b>Sub-component 1.4: National oversight</b>	
<b>Subproject Type</b>	<b>Potential Risk/Impact</b>
<ul style="list-style-type: none"> <li>National oversight of PHA reforms and monitoring of service delivery results at frontline</li> </ul>	Positive impact on developing capacity of PHAs
<b><u>Component 2: Improve frontline service delivery performance</u></b>	
<b>Sub Project Type</b>	<b>Potential Risk/Impact</b>
Track results of health system strengthening Disbursement Linked Indicators (DLIs) and leverage investments to increase capacity to achieve improvements in frontline service delivery	Positive impact on skills enhancement for people involved and health system strengthening
<b><u>Component 3: Project management</u></b>	
IMPACT Health PCU Project Management capacity enhancement.	Positive impact in skills enhancement for people involved and health system strengthening

<b><u>Component 4: Contingent emergency response</u></b>	
<b><u>Sub Project Type</u></b>	<b><u>Potential Risk/Impact</u></b>
Capacity enhancement for emergency response following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and Emergencies).	Positive impact in emergency response skills enhancement for government personnel and systems for responding to emergency.
	Exclusion of key stakeholders including IPs in meetings. This will be managed through the SEF and FPIC principles of engagement.
Cross-cutting: Support to Gender	Positive impact in skills enhancement for health service workers and improved access to health services for women
	Exclusion of IPs and especially women in key stakeholders in meetings will be managed through the SEF and FPIC principles of engagement ensuring women are involved in all engagements.

## ● **POTENTIAL IMPACTS ASSOCIATED WITH PROJECT – IP PERSPECTIVES**

### **8.1 Potential Impacts and benefits per Project Component**

Through a process of engagement with IPs, potential impacts and benefits likely to be associated with the project will be identified through Key Informant Interviews (KII) and Focus Group Discussions (FGD). The principles of FPIC will be applied to ensure effective participation of IPs in all community stakeholder engagements. The KII and FGD will focus on obtaining perception and real experience of IPs of the project on the following;

- Potential Negative Impact/Issues
- Mitigation of negative issues as perceived by IPs
- Benefits of project
- Recommendations for project implementation by IPs

The likely potential impacts and benefits perceived described in the following texts might change after the initial scoping and consultation with IPs include;

### **8.2 Subproject Social Assessment Approaches and Methodology**

Social Assessment will be carried out at each sub project site for Component 1 and possibly component 4. Social Assessment is necessary to determine how project will impact on IPs and how their views could shape implementation of the project in for their benefit.

#### **Approach**

Districts/LLGs/Wards and Communities in the target provinces will be sampled for the SA for data collection using primary and secondary sources. Primary data will be collected through consultation with stakeholders, key informant interviews (KII), focus group discussions (FGD) and field observations.

#### **Focus Group Discussions**

Focus group discussions will be arranged with separate groups of men and women using a semi-structured interview approach to explore a range of topics including:

- demographics;
- livelihoods and land tenure;
- local economy;
- governance and administrative structures;
- education and healthcare services; and
- local services, utilities and infrastructure.

Separate focus group discussions will be organised with minority ethnic groups, women and girls, people with disability and other vulnerable and marginalised groups to understand access to healthcare, livelihoods and employment issues. Information about the IMPACT Health Project will also be provided to create opportunity for discussion on any concerns regarding the Project and the GRM.

#### Key Informant Interviews

Meetings will be held with a number of officials from the Districts in project selected province as well as local schools, NGOs, health facilities, civil society organizations, women groups and local businesses to understand the social context and any challenges associated with the Project. These meetings will inform the social study team of the broader expectations of the Project by local stakeholders and interested parties.

#### Observations

The social study team will use community observation and ad hoc conversations to support baseline findings and provide additional data and context to the data obtained through focus group discussions and key informant interviews.

#### Data Analysis and Reporting

Data obtained from KIIs and FGDs will be transcribed and analyzed using content analysis and category building. This will enable developing themes to reflect the purpose of the social assessment. Audio and visual data will enable developing of themes in accordance with the objects of this social assessment. They will be reviewed to give circumstantial evidence to enhance the social assessment report. Quotations from conversations will provide the circumstantial evidence required for reporting and verbatim will be used to give voice to specific peoples responses.

#### Social Assessment Risk Management

A Stakeholder Engagement Implementation Schedule template Annex 2 will be prepared to manage all associated risks and challenges associated with the Social Assessment exercise at community level with IPs.

### • **SUMMARY OF IP PREFERENCES AND SUB PROJECT SOCIAL ASSESSMENT**

Preferences and concerns by IPs relating to project objectives, access and cultural appropriateness of benefits, mitigation on any impact and project implementation arrangements will be summarised after initial scoping and consultations are held with IPs in the selected provinces. The table below describes IP issues and areas for probing. A basic Interview Guide is provided in Annex 1

***Table 2 IP issues for probing***

<b>Main IP/VMG issues</b>	<b>Areas of discussion/probing</b>
1 Social, cultural and political characteristics	Ethnic groups, clans, languages, cultural differences, power structure, role of youth and women
2 Economic activities	Livelihood sources, services available for IPs, experiences with any government or donor funded livelihood projects, desired economic/social projects
3 Community structure and	Presence of groups/organisations in villages, opinion leaders, how to consult with

consultation	community
4 Community involvement in development projects	Involvement of IPs/VMGs in project planning, implementation and monitoring, and challenges in effective engagement
5 Social cohesion and conflict resolution	Conflicts (inter-household, clan, ethnic), relationship with majority groups, conflict resolution mechanisms
6 Gender relations	Relation between men and women, women empowerment, decisionmaking, GBV, resolution of gender-based conflicts
7 Grievance redress mechanism	Complaints, grievance redress structures, responsiveness to VMGs/IPs, potential improvements on GRMs
8 Project impacts	Potential positive and negative impacts of project implementation, preventing and mitigating negative impacts

## ANNEXES

### Annex 1 Guide for conducting Social Assessment with IPs and VMGs

#### Key Informant Interview (KII) Guide for Social Assessment with IPs/Vulnerable and Marginalized Groups

Economic activities	What are the main economic activities for people in this area? (EXPLORE on farming, livestock keeping, fishing, small scale businesses, etc.).
Community structure	i. Ask for description of the structure of this community? (EXPLORE on ethnicity, household structure, leadership structure, gender relations, clan, etc.). ii. What role does the youth play in this community? (EXPLORE on education, skills and employment opportunities, access to credit facilities, decision making processes, political issues etc.).
Social, cultural, and political characteristics of IPs/Vulnerable and Marginalized Groups	Who are considered as IPs and VMGs in this community? (EXPLORE on indigenous people mainly but mainly, women, children, youth, minority groups, displaced people, etc.) ii. Please describe the structure of IPs in this community? (EXPLORE on land territories, customs, relations, interactions with the larger community, etc.). iii. What services are available for IPs in this community? (EXPLORE on access to essential services – water, health, financial credits, financial literacy, nutritional supplements, community centers, cash transfers and education among others).
What are the challenges in accessing these services?	EXPLORE on awareness of the availability of health and other social services services, access to community centers, training, financial literacy access, credit facilities-barriers and perceptions v. How in your view, can these challenges be overcome (EXPLORE for more communication, awareness raising, training, inclusion in decision-making, etc)
Community involvement in development projects	Kindly explain to us how community members, IPs and VMGs get involved in development processes in this area? (EXPLORE planning, implementation, monitoring & evaluation, etc.). ii. Who are the influential people or groups in development matters in this community? (EXPLORE on men, women, youth, religious leaders, local leaders, etc.). iii. Who represents the IPs interest? Are they regarded to be representing their interests? iv. What would be the potential risks of implementing a development project in this community? (EXPLORE on community attitude, beliefs, culture, environmental issues, conflict, community cohesion, inter household distribution of resources and tension--GBV, community support mechanisms)
Grievance mechanisms	Are you aware of any complaints about program(s) implementation in this community? (EXPLORE on selection, transparency, accountability, community involvement, etc.) ii. What structures are in place to address community members' grievances? (EXPLORE on the availability of committees, use of local administration and community structures (e.g. council of elders, etc.). iii. What is your opinion on the existing grievance redress mechanisms in terms of its responsiveness to Indigenous People? (EXPLORE on capacity, accessibility, if they are given contacts to refer complaints to, effectiveness, understanding of the issues, etc.). iv. Are you aware of other GRMs and whether they are effective v. Please give us five (5) suggestions for accessible Grievance Redress Mechanisms (GRMs) in the community. (EXPLORE on awareness, mode of logging/reporting/processing/communicating).
Gender relations	Please describe the relation between men and women in this community?



	(EXPLORE on women empowerment, decision making processes, involvement in political affairs, gender-based violence, etc.). ii. How are gender based-related issues solved in this community? (EXPLORE village courts, local structure, religious institutions, etc.).
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### Focus Group Discussion Guide for Social Assessment with IPs/VMG - Sub Project

Demographic profile	Which community (ies) live in this locality. What specific criterion is employed to identify the members? (EXPLORE for ethnicity, clan or geographic boundaries) ii. How many different (ethnic /clan) groups are there in this village iii. What are the cultural differences if any? iv. Which languages are spoken in your community? v. What is the main religion in your community? Are there any other religions? vi. Has the population of the village increased or decreased in the last 10 years? What are reasons for population growth or population reduction, what are the reasons.
Economic livelihood	What are the major sources of livelihood for the members of this community? Financial or technical support for their livelihood projects? ii. What has been your experience so far? (EXPLORE for use of community centres, financial literacy, nutrition, hunger) iii. What are your views on (i) registration process, (ii) disbursement (iii) follow up? v. Any suggestions on how this can be improved? vi. Under the HSNP, what are your views on the effect of this program on issuance of IDs to IPs/VMGs? vii. What other projects would you like this project to come up with?
Health Program Outreach	Experiences with previous or current health outreach programs EXPLORE What are your views on the program What is your view on the current IMPACT Health Subproject?
Community involvement in development projects	Kindly explain to us how community members, IPs and VMGs get involved in development processes in this area? (EXPLORE planning, implementation, monitoring & evaluation, etc.). ii. Who are the influential people or groups in development matters in this community? (EXPLORE on men, women, youth, religious leaders, local leaders, etc.). iii. Who represents your interest? Are they regarded as truly representing your interests? iv. What would be the potential risks of implementing a development project in this community? (EXPLORE on community attitude, beliefs, culture, environmental issues, conflict, community cohesion, interhousehold distribution of resources and tension--GBV, community support mechanisms)
Community cultural resources	What are some of the most important physical resources located in your locality? (EXPLORE for religious, traditions and practices; beliefs etc.) ii. How will they affect the proposed project? iii. How will the proposed project affect the cultural resources? iv. What measures can be instituted to avoid the (ii) and (iii) above?
Community power structure and appropriate consultation approaches	Are there any groups, organizations, associations and cooperatives in the village? (EXPLORE for existence of youth, women and men's groups)
Other than the above, are there any influential people, groups or representatives of interest groups in the village?	EXPLORE to obtain local names, Ward Councillor and Committee members) iii. If an individual wishes to freely consult the people in this community -Who would he approach first? - How will he approach him/her? - What will be the ideal medium of exchange for this purpose? - Where will he /she be consulted from? -What gender aspects should be borne in mind? - What religious considerations should be observed?